

# THE *Canadian Hospital*

*A Monthly Journal for Hospital Executives*



Toronto, Can.

*The Edwards Publishing Company*

May, 1928

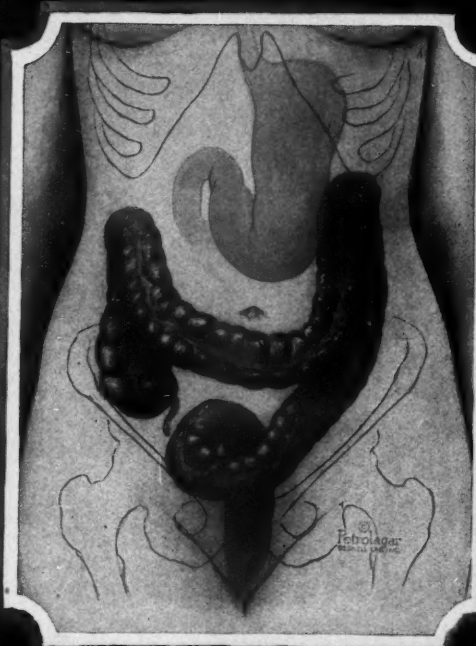
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### *In this Issue—*

The Relationship of the Department of Public Health to Hospitals  
Are you Making the Best Use of Your Laundry Equipment?  
A Commercial Standard for Clinical Thermometers is adopted  
News of Hospitals and Staffs



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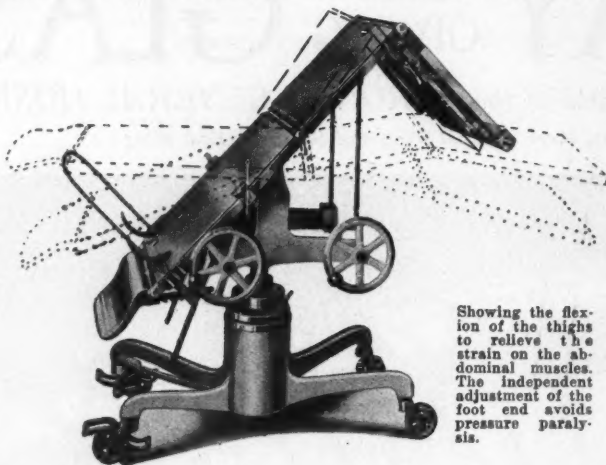
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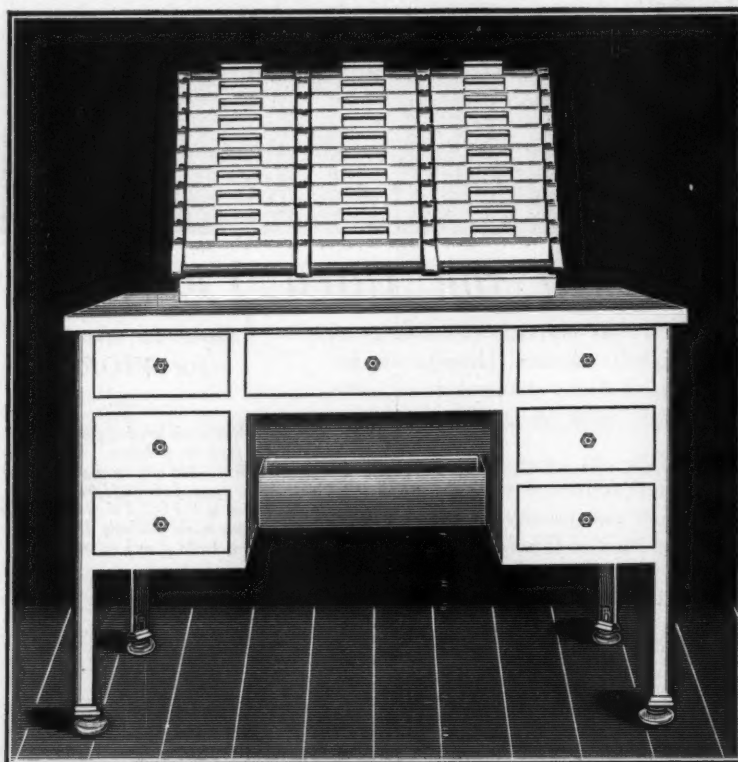
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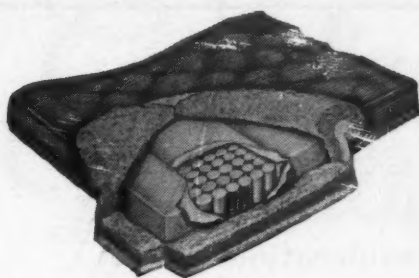
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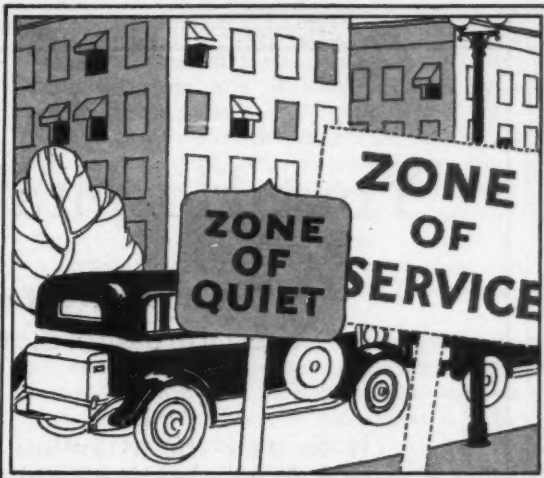
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## Ontario Government Increases Grant

Since certain clauses of the Hospitals' Bill, which was to have been brought before the Ontario legislature, promised to be the subject of prolonged discussion, a bill of only four sections was finally brought before the House, providing for increased municipal and provincial grants.

In introducing the bill, Premier Ferguson stated: "We have had for a time under consideration a general revision of the Hospitals and Charitable Institutions Act. We had conferences with the Hospital Association and different organizations, and I thought we had reached the point where we had a finished bill, but questions have arisen with regard to certain sections which would lead to long delay. The chief

point, outside of reorganization and new methods, was that of allowances, and rather than delay the House perhaps for some little time, and bring in a complete bill covering the whole situation, we decided to amend the present Act."

The government per diem rate for indigent patients goes up from 50 to 60 cents a day; the municipalities are to contribute \$1.75 instead of \$1.50. The Ontario Hospitals Association had suggested increases to 75 cents and \$2, respectively.

While the Act becomes effective upon receiving royal assent, the provisions are to be operative from April 1, 1928.

The increase in the Provincial government grant applies not only in the case of public hospitals but homes for incurables as well, on the understanding that "the total amount of such grant is to be based upon the number of days' actual treatment and stay of each patient admitted to or being within such hospital during the fiscal year next preceding the year from which such aid is given."

Although the bill does not provide for everything the Ontario Hospital Association asked for, still it will substantially increase hospital revenues and it is a step forward for which everyone should be thankful.



## Ward Helpers Relieve Nurses

A new occupation for women has been developed in Toronto with the employment by the General Hospital of a number of girls as ward helpers. The work is not a substitution for part of the work which the men, as orderlies, carry on, but is rather a combination of the minor tasks which have taken the time of the professionally-trained nurse and those which have been found a little difficult for the ward maids.

The superintendent of nurses has stated that the ward helper is not a new idea. Three large Canadian hospitals have a staff of ward helpers, and the larger institutions of the United States have seen fit to relieve the nurses of many little duties by employing these assistants.

The ward helpers assist the nurses in preparing the trays for the patients, although they, of course, do not have anything to do with the serving of food. They assist the nurse in all the light duties which can be undertaken by a less skilled worker than a nurse when medical knowledge or nursing care is not required.

The helpers are required to have a little more education than the maids but are not connected in any way with the training schools.

Thirteen of these ward helpers were first employed at the Toronto General Hospital and so much satisfaction was given that more girls are now being trained for the work.



## The Demonstration Clinic a New Service

Claimed to be unique, in a comparatively new branch of hospital service, is the demonstration clinic which is operated as an adjunct to the social service department of the Royal Victoria Hospital, Montreal.

It aims at helping to clear away many of the difficulties from the paths of Montreal mothers.

Every Tuesday morning, Dr. H. P. Wright, associate in pediatrics, R.V.H., in charge of the clinic, states that any mother who is eligible for treatment in the out-patient department of the hospital, may have the preparation of any sort of feeding demonstrated by an expert dietitian and doctor.

The complicated formulae often prescribed by doctors in special cases are particularly demonstrated, and questions on the general care of babies are answered.

The demonstration is held during the clinic hours of the social service department, in order that the mothers may take advantage of the service while they wait.

Dr. Wright states that they use only the simplest methods, and everything is done just as it is in the home. In place of the elaborate electrical paraphernalia and medical devices usually associated with hospitals, he has tables and a simple cupboard, containing only domestic utensils—spoons, cups and glasses, such as every mother possesses. Dr. Wright claims that he makes sure, in this way, that there is no confusion in the minds of the mothers.

#### Music Makes Operations Less Trying

Music has been successfully used in a New York hospital for the purpose of engaging the thoughts of patients undergoing operations when local anaesthetics are used. Such patients, being conscious, have the music conveyed to them by transmitting wires attached to a gramophone which is placed in a room 100 feet away, earphones completing the transmission.

The president of the hospital has announced the success of the scheme. The distance of the gramophone makes the music inaudible to the operating surgeon, but the patients undergoing these operations are declared to have been much benefitted by the diversion of their attention to its strains.

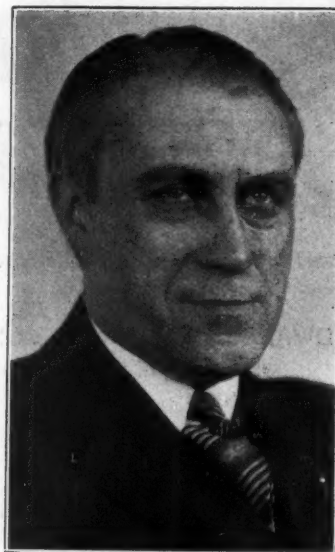
As to the increasing use of music in hospitals, this official stated that the American National Association for Music in Hospitals had given last year in hospitals 10,000 musical programmes.

#### A Model Health Area in Alberta

The establishment of a model health area in Alberta is the latest development in the interests of health evolved by the health department of the government of Alberta.

A model health area with a population of about 21,000 persons will be established. Here a model hospital will be built, and a surgeon, assistant surgeon and nurses will be placed therein with a view to serving the needs of the district.

The Rockefeller Foundation will co-operate with the government in this good work by supplying 25 per cent. of the cost of establishing one or two such districts in the province, and will also pay for the nurse, or nurses, in connection with the hospitals. This will mean an expenditure of about \$5,000 per year for the first five years, in which time the progress of the project will be demonstrated.



DR. M. T. MacEACHERN

Associate Director  
American College of Surgeons

#### Exclude Destructive Reading Matter

The editorial director of "Hospital Progress" expressed a very pertinent thought when he stated in a recent issue of the magazine that hospital executives not only have the right to control the reading of the patient in the hospital, but it is a duty they should perform.

They have the right because the state of mind powerfully influences the health of the body, and it is their duty because the patient is often unaware of the real danger to his condition which may come from indiscreet reading.

Hospital executives would not think of allowing their patients to eat food that might be bad for their condition, and they insist on aseptic technic wherever there might be danger of infection. But some of them neglect the poisonous quality of the food for the mind which is consumed in the hospitals between the parti-coloured covers of cheap magazines.

Some current literature is excellent, some is harmless, but there are books and magazines which are distinctly undesirable in their mental influence and such should be excluded from the hospital.

Anything which excites the passions, disturbs the mind and makes the patient restless and feverish, is distinctly retarding to his progress in recovery. The hospital executive, therefore, may well insist that while in the hospital, at least, the patient shall refrain from this sort of reading.



## A Graduation Day Address

By Dr. H. R. SMITH

*From an address to the Graduating Class of the Royal Alexandra Hospital, Edmonton*



THE course of training in Nursing given to young ladies to-day in up-to-date Training Schools is a very exacting one, and in selecting those who are to be allowed to take the course, a very high standard has been set up along the following lines: physical fitness, temperamental adaptability to the work of the nurse, moral character, educational standing (in this school the minimum being Grade 10), and last but not least, evidence of the possession of an abundance of honest-to-goodness common sense and tact. It is now well recognized that without the above, a young lady cannot hope to be a success in the profession of Nursing.

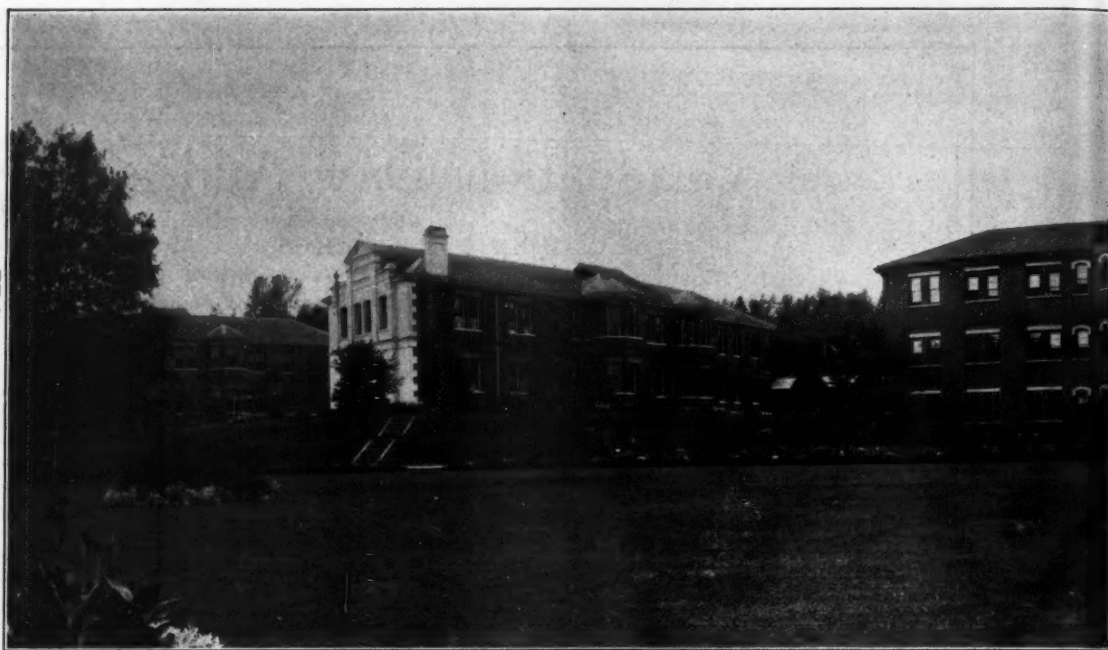
A properly conducted Training School should have the same status in the Educational Department as has a High School, or any department of the University, to which liberal financial grants are made annually, but we find that this is not the case, and that up to date, in this and other provinces, the total cost of the operation of Training Schools for Nurses is borne by the hospitals with which these schools are associated. As a consequence, it has been found very difficult and at times practically impossible to provide adequate teaching facilities in the Training School which we have in connection with this hospital. Some considerable progress has been made it is true, but there are still many things needed to put Training Schools on the same level as regards equipment as High Schools.

The public is very exacting and demands that this Training School turn out skilled or efficient graduates, and this is as it should be. The education of a nurse is fundamentally somewhat peculiar. When I think of education, I prefer not to think of it as something to make a living "by" but as something to make a living "with." It has been said that so far as making a living is concerned, that a human being with a reasonable degree of physical and mental vigour can be assured of a living, but that in order to get from life those things which are really worth while, the individual must have an education, not necessarily however, a college education, for one of the best educated men I ever met was a man who had never gone to college at all, but this man had trained himself to think.

A nurse's education consists of a super-structure of knowledge built on common sense. To the parents and friends of the members of the Graduating Class, I wish to say that these young ladies owe more to you for the happy position they find themselves in to-day, than they do to the Training School of this hospital, for had you not guided and assisted them in the laying of the foundation, they could never, in three years, have acquired that super-structure of knowledge which is now theirs. I would also impress on the members of this class the solemn fact that this super-structure of knowledge which they have now built, can be but likened to the first storey of a towering skyscraper, the plans for which are in the architect's office, and which may or may not ever be completed.

The wish of the school for you is that, having begun you will continue on to build storey after storey of knowledge to that first storey which has just been completed. The science of healing the sick has seen many changes during the past twenty-five years. Many things which were unknown then, are known now, but I need scarcely remind you that those things which are still unknown regarding the science of medicine are far more numerous than are those which are known. The future undoubtedly has a very great deal in store for your profession. You will see remarkable changes, developments and discoveries, but the time will never come when medicine will be an exact science.

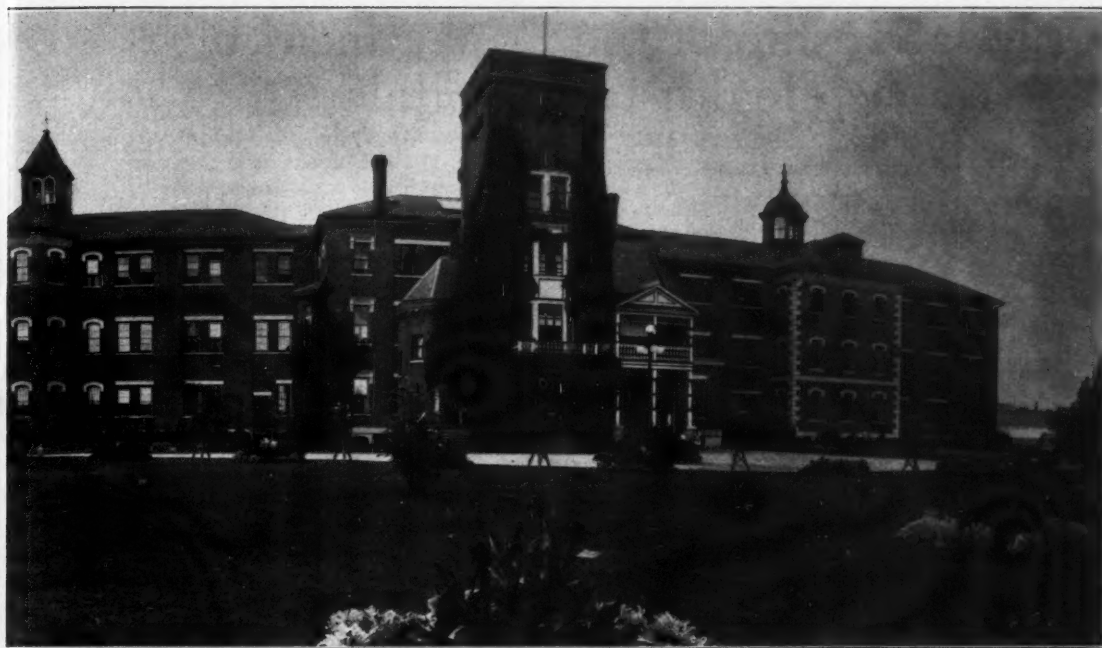
In the course of your career, you will nurse many patients who, from the human point of view you will ordinarily expect to recover, but you will be disappointed, and you will have other patients whom you will not expect to recover, who will recover. In your work you will have encouragements, things which will discourage you, you will have those which disappoint you, and those which will baffle you beyond words to describe, but may you never forget the statement made by a great English surgeon: "Wounds have an indescribable tendency to heal"; and the words of the great Ambrose Parr, who at the close of one of his great clinics on a very difficult case that he had treated, said: "I have dressed this man's wounds from day to day, but God has done the healing."



The Public Hospital for the Insane, New  
British Columbia's Well A



Chronic Building  
Provincial Mental Hospital



ne, New Westminster, British Columbia

## ell Appointed Mental Hospitals



Acute Building  
Essondale, British Columbia



# The Relationship of the Department of Public Health to Hospitals

By E. E. DUTTON

Galt Hospital, Lethbridge, Alta.

I am somewhat in doubt as to whether it is in keeping with the fitness of things for me to presume to suggest what should be the relationship of the Department of Public Health to the hospitals of the province. Rather might it be more in order for one connected with any hospital to endeavour to discover exactly what should be the relationship of the hospital itself to that department. Possibly, however, the final answer to the one would supply the solution to the other, and being loath to relinquish the unique opportunity afforded, for a few minutes to expound principles and ideals suitable for the seat of power, we will accept the title without question.

Any department of community life, established for, and functioning in behalf of, the general public, and directly or indirectly controlled by public representation, of necessity creates a variety of interests, many relationships are established, and these, if not welded into a harmonious whole, may lead to such confusion, with a consequent interference with the functioning of the utility thus affected.

Democratic systems of government—in which we rightly pride ourselves—enlarge control, power may be delegated, but in the broad view the responsibility is spread over the many. It is readily conceivable that where there are many voices there will be many viewpoints, confusion may be present, and the great principle which should always be borne in mind is that each interested party must be a contributing factor for the perfecting of that which is under consideration.

## A Variety of Interests

The general or public hospital affords a striking example of this variety of interests and of our many relationships. One might well take each particular branch as a subject for consideration in its relationship to the others. The internal organization, the outside direct body of control, the legislative power, the voluntary organizations—the many relationships of this family are unlimited, and any Department, any organization, in any way connected with the safeguarding of health, with the cure or prevention of disease, is related to the hospital, and the complete co-ordination of all would be to the good of each.

If we review the development of hospital life merely over a period of a few recent years, we will readily discern that the closest co-operation is necessary between all sections directly or indirectly concerned with same. Knowledge, education, creates the enquiring and critical mind. No more are things accepted without question and the fact that they represent something worth while taken as sufficient for their standing. The best is demanded, and with this gradual reaching out for perfection, the hospital takes its place as constantly under public review

for the determination as to whether or not it is living up to the exacting requirements of the times. The recognition of this condition by the Department of Public Health is obvious in legislation enacted, and the rules and regulations laid down to govern our activities. Not long ago, it was sufficient if we could show perhaps that our buildings were fireproof, that our register proved that certain patients had been accommodated for a certified period, but now, to a great extent, every important feature which affects the individual patient is made a matter of concern to the Government through the Department of Public Health. Thus we see recognized the principle that the need of the people and the response made through the operation of the hospital are matters which the province must supervise and more or less regulate.

## Development Enlarges Responsibilities

This general development enlarges the responsibility, not only for those directly concerned with the internal operations of hospitals, but what is perhaps of more importance, affects the local Boards of Management. Our Boards, composed for the greater part of business men, have in the past confined their attentions to financial administration, being content if the physical condition of the institution is satisfactory, and if deficits can be kept within reasonable limits. Now, however, their interest must enlarge, and they must be prepared to accept their full share of the responsibility for all the activities of the hospital, professional and otherwise.

The difficulties in connection with this should be fully realized by the Department, the advancement towards the ideal must, of necessity, be slow and gradual, and reasonableness must be exercised concurrent with a system of constant education. Our relation with the Department of Public Health in this connection is that we rightly look to them as the centre of authority in the conduct of hospital affairs, and in the enactment of laws, in the formulating of rules and regulations, such a relationship should carry with it the idea not merely of authority, but of co-operation in determining progressive measures for particular localities.

Our hospitals, and I refer particularly at this time to our city hospitals, represent investments made for rendering service to the public. We have thrown open our doors to the people from far and near; we have, therefore, become an interested party of the first part in all matters of hospital service, and I feel that any provincial hospital policy is necessarily a matter of concern to the hospitals already functioning, which are entitled to the right of full recognition by the Government in the general development of this important utility. We must not isolate any part of this service. We are established for the same purpose, the same objects in view. It is not a question of country and city,

but the Province of Alberta, the good of the whole, and unity of all should predominate in our progress and development.

Recognizing then, the Department of Public Health, representing the Government, as the centre from which should emanate all matters pertaining to hospital affairs, such as the standards expected and the fulfilling of standard requirements, the question naturally arises "What is the financial responsibility of this Department or the Government to our hospitals?" (You would not expect anything that I may produce at this Convention to omit this important point.) Surely this phase of relationship should be no insignificant one.

We agree that responsibility, during the onward march of hospitals, enlarges, increases, and it does not require any deep reasoning to form the logical conclusion that financial responsibility goes hand in hand with this progress. We are allowed a grant of fifty cents per patient per day. I would have you bear in mind that the grant has been paid at this rate since about the year 1920, and I would also have you particularly remember that the development in provincial hospital life has been most pronounced since that period.

A relationship which enjoys all the privileges of the head of the family should certainly be prepared to accept its full share of the financial responsibility, and if fifty cents per patient per day was accepted as an equitable recognition of that responsibility in the year 1920, I claim unhesitatingly that in this year 1927 it no longer enjoys that distinction, but is due or rather overdue for revision consistent with the increasing value and cost of the service rendered.

#### Advises Costs Downward

I think it is well recognized by us all that the cost of hospitalization to the individual patient should trend downwards, that we have practically reached the maximum which can reasonably be charged for the service we have to offer, even though the financial value of that service may continually increase. I know there is a well-founded idea that if your accommodation and general service are brought up to the highest possible standard you will find always a willingness on the part of the people, recognizing true values, to pay what these are worth, but willingness does not necessarily imply ability, and though, in the case of the private room patient cost may be a negligible quantity, speaking from the standpoint of the great majority needing hospital care and with limited or no means of paying for same, I ask that we, as members of this Association, agree that the financial relationship of our public department should, amongst many other considerations, have in view a grant which shall help governing bodies to place their hospital service at the disposal of the people at a rate which shall alleviate hardship and lessen the burden.

The Ontario Hospital Association recently met in Convention, and I was very interested to notice the following remarks of the acting president of that Association, who said in his opening address that

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## Sterling

SURGEONS' GLOVES

### The Long Reinforced Gauntlet Fits Over the Cuff



Note the extra length of the gauntlet as shown in the above illustration.

The surgeon who wears Sterling Gloves is never distracted and annoyed by the cuffs on his gown being loose.

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—for Satisfaction

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TRISEPTOL on account of its high germicidal power is most economical.

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TORONTO

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Easy to digest, these Syrups contain a large percentage of Dextrose and furnish a maximum amount of energy with a minimum digestive effort.

Are not these alone good reasons for the recommending of CROWN BRAND and LILY WHITE by doctors for infant feeding?

**EDWARDSBURG  
CROWN BRAND  
AND  
LILY WHITE  
CORN SYRUPS**

The  
**CANADA STARCH CO., LIMITED,  
MONTREAL**

"We hope at an early date the Government will lead the way in creating a more commensurate system of payment for the care and treatment of the sick poor." It is the same cry from east to west, and it is a cry which must be heeded in some practical manner in the near future. As the Department of Public Health gradually assumes closer relationship with our hospitals, I know of no better way by which that relationship can be properly cemented than the placing of the grant at a rate which shall enable us to keep pace with phenomenal development, perfect our training schools as true educational centres, and give to the needy the full benefit of all of our facilities at reduced charges.

There is one matter which I cannot pass over, even though it has been discussed exhaustively and all possible means taken to remedy it. I hope it has not been thrown into the discard and we ourselves complacently accept it as the inevitable and resolve to make the best of a bad matter. We are still prevented from receiving any grant for the patient who enters and leaves the hospital on the same day, and for all other patients must exclude the day of admission. I cannot speak too strongly against this and against the peremptory decision which brought it into effect. I think I am not far wrong in saying that such a system is peculiar to our own province, but if that is a slight exaggeration it can be modified by the statement that nearly all the provinces in this Dominion recognize the one-day patient on the same basis as all others for the purpose of the grant. This may seem a trivial matter, but when you get back to your various hospitals, take a few minutes to figure the amount you have been deprived of since this unjust ruling was brought into effect, and I think the total will surprise you.

#### The Question of Indigents Again

I wish also to refer to another matter with which we are all very familiar, and if we are ever lost for a subject at these annual conventions, we can always pass the time, if not profitably, by sympathizing with each other with a reiteration of our grievance in connection with the financial responsibility for indigents whose residence can be established. We have endeavoured on many occasions to determine amongst us as to what really constitutes indigency, and we go back to that section of the Hospitals Act, and we find that an indigent is one who is "Actually destitute of means from his own resources of obtaining the food, clothing, shelter, and medical attendance, necessary for his immediate wants." This does not help our difficulty. We desire to know what are "means" and necessities within the meaning of this Act. Must a man sell all that he has to find the treasure of hospital service?

"I have no money, perchance I have borrowed sufficient to get to the city hospital. I have a horse, a few cattle, some implements, a piece of land. All these are necessary in my efforts, hitherto unsuccessful, to gain a decent livelihood. Do you wish to realize on these to pay my hospital charges? Are they marketable, negotiable? If they are, is it

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**A**RGHIGENES OF APAMEA  
(circa 100 A. D.) the scholarly  
Syrian surgeon, materially advanced  
the scope of amputation. He was dis-  
tinguished from his contemporaries by  
his daring in proposing amputation  
not only in gangrene, but in necrosis,  
cancer, certain callous tumors and in  
extreme deformities. He wrote a com-  
plete and interesting description of cir-  
cular and flap amputation, suggesting  
as a preliminary that vessels leading  
to the site be tied, bound, or sewn.

## *D&G Sutures*

"THIS ONE THING WE DO"

DAVIS & GECK INC.

## Kalmerid Catgut

**GERMICIDAL.** Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

### TWO VARIETIES

BOILABLE*		NON-BOILABLE
NO.		NO.
1205	PLAIN CATGUT	1405
1225	10-DAY CHROMIC	1425
1245	20-DAY CHROMIC	1445
1285	40-DAY CHROMIC	1485

Sizes: 000 . 00 . 0 . 1 . 2 . 3 . 4

Approximately 60 inches in each tube

Package of 12 tubes of a size . . . \$3.00  
Less 20% on gross or more or \$28.80, net, a gross

## Claustro-Thermal Catgut

**A**SEPTIC. Sterilized by heat after the tubes are sealed. Boilable.\* Unusually flexible for boilable catgut.



NO.	
105	PLAIN CATGUT
125	10-DAY CHROMIC CATGUT
145	20-DAY CHROMIC CATGUT
185	40-DAY CHROMIC CATGUT

Sizes: 000 . 00 . 0 . 1 . 2 . 3 . 4

Approximately 60 inches in each tube

Package of 12 tubes of a size . . . \$3.00  
Less 20% on gross or more or \$28.80, net, a gross



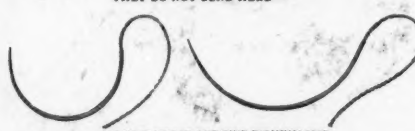
D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

## Atraumatic Needles

**F**OR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.\*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.

THEY DO NOT BEND HERE



ILLUSTRATIONS ARE FIVE-EIGHTHS SIZE



STRAIGHT NEEDLES ARE IN ROUND TUBES



CURVED NEEDLES ARE IN FLAT TUBES

NO.	INCHES IN TUBE	DOZEN
1341	STRAIGHT NEEDLE	28 . . . \$3.00
1342	TWO STRAIGHT NEEDLES	36 . . . 3.60
1343	3/8-CIRCLE NEEDLE	28 . . . 3.60
1345	1/2-CIRCLE NEEDLE	28 . . . 3.60

Less 20% discount on one gross or more

Sizes: 00 . 0 . 1

Packages of 12 tubes of one kind and size

## Kangaroo Tendons

**GERMICIDAL**, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



NO.	
370	NON-BOILABLE GRADE
380	*BOILABLE GRADE

Sizes: 0 . 2 . 4 . 6 . 8 . 16 . 24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size . . . \$3.00  
Less 20% on gross or more or \$28.80, net, a gross

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D&G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

## Non-Absorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000, 00, 0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..	84.....	00, 0, 1
400..BLACK SILKWORM GUT..	84.....	00, 0, 1
450..WHITE TWISTED SILK.....	60.....	000 TO 3
460..BLACK TWISTED SILK.....	60.....	000, 0, 2
480..WHITE BRAIDED SILK.....	60.....	00, 0, 2, 4
490..BLACK BRAIDED SILK.....	60.....	00, 1, 4

BOILABLE

Package of 12 tubes of a size. . . . \$3.00  
Less 20% on gross or more or \$28.80, net, a gross

## Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..	20..00, 0, 1, 2, 3	
812..10-DAY KALMERID "	20..00, 0, 1, 2, 3	
822..20-DAY KALMERID "	20..00, 0, 1, 2, 3	
862..HORSEHAIR.....	56.....	00
872..WHITE SILKWORM GUT..	28.....	0
882..WHITE TWISTED SILK.....	20.....	000, 0, 2
892..UMBILICAL TAPE.....	24... 1/8-IN. WIDE	

BOILABLE

Package of 12 tubes of a size. . . . \$1.50  
Less 20% on gross or more or \$14.40, net, a gross

## Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..	20..00, 0, 1, 2, 3	
914..10-DAY KALMERID "	20..00, 0, 1, 2, 3	
924..20-DAY KALMERID "	20..00, 0, 1, 2, 3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT..	28.....	0
984..WHITE TWISTED SILK.....	20.....	000, 0, 2

BOILABLE

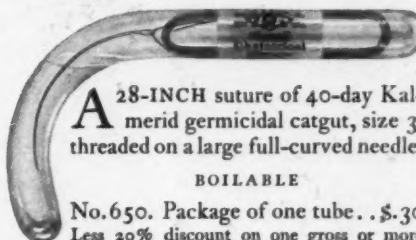
Package of 12 tubes of a size. . . . \$2.40  
Less 20% on gross or more or \$23.04, net, a gross

The ash of D & G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



## Obstetrical Sutures

FOR IMMEDIATE REPAIR OF PERINEAL LACERATIONS



A 28-INCH suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle.

BOILABLE

No. 650. Package of one tube. . . \$3.00  
Less 20% discount on one gross or more

## Circumcision Sutures



A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle.

BOILABLE

No. 600. Package of 12 tubes. . . . \$3.00  
Less 20% on gross or more or \$28.80, net, a gross

## Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

\*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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**R**UFUS OF EPHESUS came to Rome during the reign of Trajan (98-117 A. D.). His works mention that traumatic aneurysm may result from wounds of the arteries, and discuss various methods of hemostasis. These include digital pressure, pressure by bandage, astringents, torsion, cold applications, and complete severance of incised or eroded vessels. Bleeding of the larger vessels was controlled with ligatures. Caustics were resorted to only in putrid or gangrenous wounds.

## *D&G Sutures*

*"THIS ONE THING WE DO"*

DAVIS & GECK INC.

sound business to further embarrass me in my difficulties?"

Now these are all matters which enter into this question. I want to say that I do not condemn municipalities if they can legally interpret this clause to their own advantage. Viewpoints are often governed by existing conditions, and I very pleasantly admit that when the times show a sign of prosperity I find no inclination on the part of municipal districts to quibble over interpretations, but it is not to be wondered at if, when depression steals over the land, shelter is taken behind a legislative clause which provides ample refuge for evasion. But what is the relationship of the Department of Public Health to our hospitals in this matter?

In my district there are considerable areas not organized, and, of course, the Improvement Districts Act states that the liability of the Government for indigents from those districts shall be the same as is imposed upon the municipalities by the Hospitals Act. Now, we have previously spent much time in discussing this matter from the standpoint of the municipal districts, but so far as my knowledge goes, have never considered it from the equally important view of the Department and Improvement Districts. It is of great credit to the Department, and speaks highly for our relationship if this has not hitherto been necessary by virtue of the fact that reasonableness on both sides has been the characteristic feature of our negotiations in such cases. I would be interested to learn if any of you

have had recent experiences which would tend to detract from that, but in any case would suggest that the best way to show our appreciation of the relationship that we have enjoyed over many previous years is by jealously guarding it and by doing everything in our power to ensure its continuance. What should be the relationship of the Department of Public Health to our hospitals in this concern? One of example in a reasonable and just interpretation of a confusing clause.

There may be some justification for a municipality to take advantage of anything in the Act which would relieve it from liability, but we do not expect the Department to rival the municipal districts in such efforts. This dispensation of relief, especially

*Continued on Page 32*

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McKESSON APPLIANCES**

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ANESTHESIA APPARATUS  
AND SUPPLIES**

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*Agents for McKesson Appliances*



*McKesson Universal  
Unit No. 100*

**With a McKesson Apparatus  
You Can Change Your  
Mixture Instantly**

There is but one breath of gas between the mixing valve and the patient's lungs. The mixture of gases with the McKesson apparatus is produced at the time of each respiration and is regulated by the position of the mixing valve. This assures a more accurate control of the patient and a quicker response to any change which may be desired in the depth of anesthesia.

It is this instant control over the mixture with the McKesson apparatus which makes the depression test possible.

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**Toledo Technical Appliance Company**

**2226-36 ASHLAND AVENUE, TOLEDO, OHIO**

*Manufacturers of Gas-Oxygen Machines, the Metabolor and Surgical Pump*

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## A Commercial Standard for Clinical Thermometers is Adopted

A general conference of manufacturers, distributors, and organized users of clinical thermometers, held March 30, 1928, at the Department of Commerce, Washington, D.C., approved a proposed commercial standard which established the minimum requirements in the manufacture of thermometers of this character.

The conference agreed that the manufacture of new thermometers under the standard will begin October 1, 1928, and allowed one year, i.e., until March 30, 1929, for clearance of existing manufacturers' stocks. Annual revision of the standard will be conducted by a standing committee, representative of the industry.

The conference favoured the promotion of foreign commerce in clinical thermometers, based on the adopted standard. The standard will be translated into Spanish and Portuguese. Acceptance by manufacturers, distributors, and organized users, representing 65 per cent. of the total volume of the industry, is necessary before the programme can be promulgated as a commercial standard of the Department of Commerce.

The industry is determined to market only accurate and reliable clinical thermometers. Each thermometer will be certified by the manufacturer to comply in all respects to the requirements and tests of the standard adopted.

Members of the standing committee are as follows: Bradford Noyes, Jr., of the Taylor Instruments Companies, Rochester, N.Y.; William L. Crounse, of the National Wholesale Druggists Association, Washington, D.C.; Friend Lee Mickle, of the State Department of Health, Hartford, Conn.; Dr. W. P. Morrill, of the American Hospital Association, Washington, D.C.; Dr. A. C. L. Percefull, of the U.S. Veterans' Bureau, Washington, D.C.; Herman Phillips, of the Phillips Thermometer Co., New York City; Otto W. Schlegelmilch, of Schlegelmilch Bros., Long Island City, New York; and Dr. E. F. Mueller, of the Bureau of Standards, Washington, D.C.

The commercial standard as adopted provides that every individual maximum self-registering thermometer sold or offered for sale to measure body temperatures shall have met all of the requirements specified herein. All thermometers shall meet the following requirements as to construction:

Fahrenheit thermometers shall be graduated in 0.2°F; each degree mark and the mark at the normal point shall be longer than the intervening lines. Centigrade thermometers shall be graduated in 0.1°C; each degree and half-degree mark shall be longer than the intervening lines. Numerals shall be etched on the scale at even numbered degree marks on Fahrenheit thermometers, and at every degree mark except as hereinafter provided, on Centigrade thermometers. There shall be not more than 10°F. or 5.5°C. per inch of scale. All thermometers shall be free from any defects which impair the reliability or seriously mar

the appearance. The range of scale shall be at least from 96°F. or 35°C. to 106°F. or 41°C. The 96°F. mark or the 35.5°C. mark shall be not less than one-half inch from the top of the contraction, that is, from the point at which the capillary resumes its normal shape above the contraction. Bulbs shall be made of Corning normal or equally satisfactory thermometric glass. Coloured bulbs shall not be used. Each thermometer shall bear in legibly engraved characters, the name or trademark of the manufacturer and either a serial number, or a serial number and year, to provide complete identification. The normal point, except for veterinary use, shall be designated by an arrow or other suitable mark at 98.6° on Fahrenheit thermometers and in lieu of the numeral on 37 Centigrade thermometers.

**Character of Pigment.**—Sample thermometers shall be immersed in a five per cent. phenol in water solution for a period of one hour at a temperature above 70°F. without the indication of removal of the colouring matter or its appearance in the solution. All thermometers shall retain their pigment after the completion of all tests herein required.

**Test for Entrapped Gas.**—In some cases gas is detected in the preliminary examination but its presence is not always detected in thermometers which have gas pocketed in the bulb or constriction. All thermometers shall be heated to about 96°F. and the mercury above the constriction shaken off. The bulbs only are then cooled to 32°F. or below, and may be manipulated by any method (except tapping or striking any part of the thermometers upon any surface whatsoever, unless the manufacturer desires to do so) to bring the gas to the top of the bulbs. When the bulbs are heated after this operation the mercury from the bulbs shall reunite with that in the bores.

**Hard Shaker Test.**—All thermometers, after having been heated to 106°F. or 41°C. shall be mounted in a centrifuge with the ends of the bulbs 17 cm. from the axis of rotation. When whirled at a speed of 580 revolutions per minute the index shall fall below 96°F. or 35.5°C.

**Accuracy.**—Except for such states as do not accept these specifications, thermometers shall be compared at 98°, 102° and 106°F., or 37°, 39° and 41°C., with certified clinical standards, by heating in a well-stirred water bath, removing from bath, and reading. The temperature of the bath shall be rising at a rate of not more than 1/10 degree F. per minute for the last minute before the thermometers are removed. Two independent comparisons shall be made at each test point. The mean of the readings at 98° and 102°F. (37° and 39°C.) shall not differ from the corrected indication of the standard by more than 0.2°F. (0.1°C.). The mean of the readings at 160°F. (41°C.) shall not differ from the corrected indication of the standard by more than 0.3°F. (0.15°C.). If the results of any two tests at the same point differ

*Continued on Page 29*





## *If you would see an X-Ray Machine standing up under the Supreme Test-*

visit the Coolidge Tube Department of the Victor factory in Chicago, where every Coolidge Tube sold in the United States is manufactured.

Here you will see standard Victor equipment—identically the same as sold to the Medical and Dental professions—used in the exhausting and testing of tubes. These machines are in continuous operation for nine hours a day, every day. Running at more than their rated capacities and subjected to more than normal strains, due to the gas present in the tube during all but the final stages of exhaust, tending to set up high frequency surges which in turn produce abnormally high voltages.

In this department you will see standard Victor machines that have been used for this purpose for years. A Snook machine, for instance, shows a record of ten years in the department and was still in good operable condition when

recently replaced by another Snook of a later model. In fact, the only time a replacement is made on any type of machine is when a later model becomes available.

The equipment now in use in the Coolidge Tube Department includes 6 Snooks, 2 Snook-Specials, 7 5<sup>30</sup> M. A. Transformers (as used in the Victor Stabilized Fluorographic and Radiographic Unit and the Victor Stabilized Mobile Unit) and 2 "CDX" transformers. The filament transformers and regulators, overhead switches, meters and stabilizers are likewise standard Victor equipment.

When apparatus is put to this supreme test, under the hardest conditions imaginable, the manufacturer's confidence in his product is well founded, and his claims backed up by convincing evidence.

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Manufacturers of the Coolidge Tube  
and complete line of X-Ray Apparatus



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cardiographs, and other Specialties

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A GENERAL ELECTRIC



ORGANIZATION

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# Are You Making the Best Use of Your Laundry Equipment?

By E. E. JEWETT

There still exists in the minds of a great many people connected with institution laundries the impression that the institution laundry is a necessary evil. Far be it from that. The institution laundry in reality is a most valuable asset to any institution. It has been extremely interesting of late to note the changing attitude of hospital superintendents and others toward the hospital laundry. They are gradually realizing that in their laundry they have not only a conservator and cleaner of hospital linens, but also a purveyor of good cheer in that clean, sweet, white linens have a certain psychological effect on toning up a sick person's outlook on life.

The satisfactory cleansing, resultant conservation of the fabrics, and accompanying beneficial psychological effect are all dependent on one thing, and that is good washing. Let us, then, focus attention on good washing, for we know that through the production of the highest quality of wash possible the other mentioned results will be obtained. The production of a satisfactory wash depends mainly on two factors, your equipment and your process.

## Use Soft Water

We realize that not every institution laundry has ideal equipment. But, are you making the best of what you have? Water is not only the most important supply used in the washroom, but more of it is used than all of the other supplies put together. Therefore, you can easily realize why the quality of the water used is extremely important. Hard water, red water, and lack of hot water have a decided bearing on the quality of the work. The use of hard water is first of all detrimental from the standpoint of colour. When soap is placed in hard water there results, through chemical reaction, the formation of lime soaps which are sticky and insoluble materials. This formation of the lime soaps will take place in the fabrics being washed and as a result there will be a gradual discolouration. It has been found that this deposition of the lime soaps takes place mainly in the rinses where there is not sufficient soap present to work up a good suds and thus keep the lime soaps in suspension. Once these lime soaps have been deposited and ironed in, it is almost impossible to remove them. It is not long before the grey discolouration has become so great that the fabric is not fit for use. Naturally, if it must be discarded, there must be another fabric to put in its place. This shortening of the life of the fabric necessitates an increase in the amount of linen purchased, with a parallel increase in expense.

It has been mentioned previously that in hard water soap will be reacted with chemically to form

lime soaps. Naturally, through this reaction a certain amount of soap and soda will be destroyed before the cleansing action can start. For every grain of hardness per 100 gallons of water used, two ounces of soap and soda built in a ratio of two parts soap and one part soda will be destroyed. It has been proved economical to soften water above three and one-half grains of hardness. The amount of soap wasted in washing in hard water will more than pay for the cost of softening that hard water. The increased life of the fabric through soft water washing will in turn tend to decrease the annual expenditure for linens. Summing up the final results of washing in soft water, you will find cleaner linen, an increase in the life of the linen and a decreased washing cost.

I do not believe that it is necessary to tell you what a depressing effect smelly, harsh, and dingy linen has on both inmate and worker. Although you may have noticed an occasional lot of linen that had a decided yellow cast, you perhaps considered it the result of poor washing on the part of the washman, informed him of the fact, and then forgot about it. In reality, it was more probably the result of a faulty water system. Red water, which is the result of a high iron content will, because of the iron present, impart a yellow cast to the wash. Unless some preventive method, such as the internal application of silicate to the pipes, be used, it will be necessary to drain the entire system every morning until the water runs clear.

## Temperature is Important

The temperature of the hot water supply is important, particularly in the washing of white fabrics. This temperature should be such that the use of live steam in the washwheel is unnecessary. Water at 200 degrees F. at the supply tank, when brought through properly covered pipes to the washwheel, will raise the temperature the correct amount for each suds and rinse. All other conditions being equal, the higher the temperature the better the removal of dirt. On the other hand, water above 190 degrees F. in the washwheel will tend to yellow the white fabrics. In order, then, to have the maximum washing efficiency and at the same time safety for the fabrics being washed, it is advisable to have thermometers attached to the wheel so that the exact temperature of the water is known at all times. This eliminates another bit of guesswork by the washman.

## Adjust and Repair Wheels

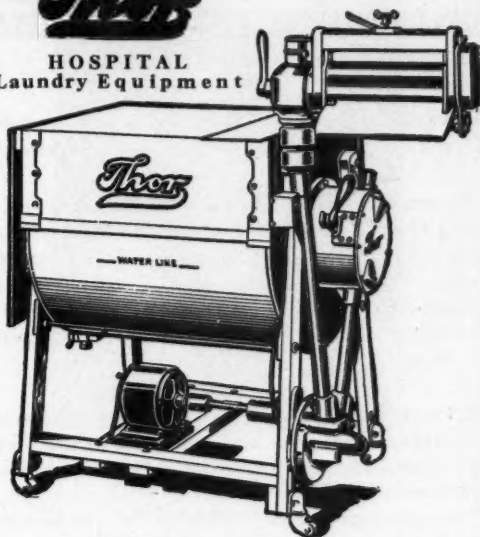
In what condition are your washwheels? Are they running at the correct speed? Are the ribs worn and does the shell leak? Are the filling valves and kickoff valves in good repair, or do you start a suds in three inches of water and end either with six inches in the wheel or with the wheel empty?

Read before the laundry clinic of the first annual Hospital Clinical Congress held at the Milwaukee Auditorium, Milwaukee, Wis., June 20-24, 1927. Mr. Jewett represented the laundry research department of the Proctor and Gamble Company. Reprinted from *Hospital Progress*.

## Let Us Help You Save Money On Your Laundry

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Low in Cost—Economical in Use—Portable—  
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Linens last 65% longer.



The Heavy Duty Hospital Ironer  
\$225.00

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## News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities, Building and Extension Plans and Personal News of Hospital Workers.*

*Editor's Note: Contributions of items for publication in this department will be gladly received. Please address, The Canadian Hospital, 454 King Street West, Toronto.*

VANCOUVER, B.C.—The new Crippled Children's Hospital has been formally opened, the ceremony being performed by the Hon. T. D. Pattullo.

NEWCASTLE, ONT.—Miss Olive A. MacKay has been appointed superintendent of the Miramichi Hospital, succeeding Miss Lena Campbell.

OWEN SOUND, ONT.—The contract has been let for the construction of the new wing to be built to the General and Marine Hospital. When the new wing is completed, the hospital will have accommodation for 84 beds.

MOOSE JAW, SASK.—Miss Cassie Brown has been appointed dietitian of Providence Hospital, Moose Jaw. Miss Brown has just concluded a two months' appointment at the Holy Family Hospital, Prince Albert, prior to which she held the same position at Victoria Hospital in that city.

BRANTFORD, ONT.—Some changes have been made in the staff of the Brantford General Hospital. Miss Mary Wilson has been appointed temporary instructress of nurses to succeed Miss S. M. Jamieson, who has tendered her resignation.

Miss Lucille O'Brien has succeeded Miss Dorothy Hottell as laboratory technician.

CORNWALL, ONT.—Work will soon be commenced on the alterations to the Hotel Dieu Hospital at Cornwall. The plans call for a four-storey addition, 44 by 88 feet, with hollow tile and pressed brick walls on stone foundation, hollow tile interior partitions, structural steel, steel joint floor construction, terrazzo and linoleum floors, plastering throughout metal lath, built up roofing, iron staircases, slab doors and fire doors, gumwood trim and electric lighting.

TORONTO, ONT.—The first section of the public ward extensions at the Toronto General Hospital has been opened. Although in a barely finished state, this section made thirty additional beds available which were immediately filled. They are situated in Ward A, on the main floor of the surgical end of the hospital.

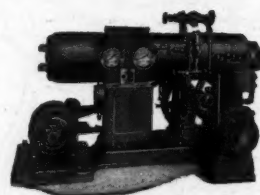
Work is being rushed as rapidly as possible to make the extensions available to public ward cases in five more medical and surgical wards.

NANAIMO, B.C.—It has been decided to commence work on the new hospital at Nanaimo immediately.

STRATFORD, ONT.—Several staff changes at the General Hospital have been made necessary by the resignation of Miss D. Graham, assistant superintendent. The new appointments, all temporary, are: Assistant superintendent, Miss M. Gibb; operating room superintendent, Miss M. Hodgins; night supervisor, Miss L. Wilks.

WOODSTOCK, ONT.—Plans have been announced for extensive alterations and additions to the Woodstock General Hospital, the work to be started as soon as weather conditions permit.

The additions include a solarium for the new wing of the hospital, a new two-storey building to include a nurses' dining hall and men's quarters, and a new power house and plant.



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Portrait by Milne Studios  
**MISS JANET ANDERSON**  
*President of Board of Directors*  
*Women's College Hospital, Toronto*

SASKATOON, SASK.—Practically the whole of the new wing of the City Hospital has been opened and most of it is already in use.

TORONTO, ONT.—The Orthopedic Hospital, now located on Bloor Street, is to be moved to Prince Arthur Avenue, if present plans are followed.

ST. JOHN, N.B.—The formal opening of the new addition to the Jordan Memorial Sanatorium, at River Glade, is scheduled to take place on June 21st.

The new building is rapidly filling with patients, 101 being treated there at the present time.

CHATHAM, ONT.—The three-day convention of the Ontario Registered Nurses' Association was held in Chatham the latter part of April. The programme for the first evening included an address by Dr. Haven Emerson, Director of Public Health Administration, Columbia University, New York.

SASKATOON, SASK.—Miss S. A. Campbell, superintendent of nurses at the City Hospital, who submitted her resignation in January, and who has been occupying her position temporarily, has consented to remain permanently.

DIDSBURY, ALTA.—Miss Olwen M. Owen, R.N., has been appointed matron of the Didsbury General Hospital, in succession to Miss M. A. Towers, whose marriage took place recently.

*Continued on Next Page*

*Please refer to THE CANADIAN HOSPITAL when writing*



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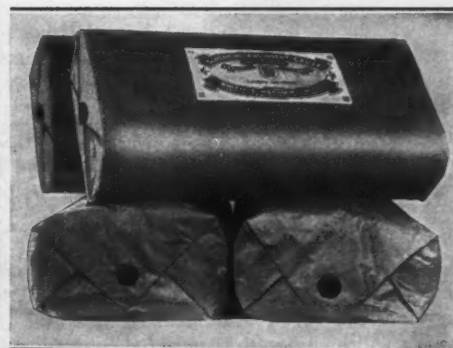
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## News of Hospitals and Staffs

*Continued from Page 27*

BRANTFORD, ONT.—The Brant Sanatorium has named E. L. Cockshutt, president, and Dr. D. Dunton, Paris, vice-president, with K. V. Bunnell as secretary.

\* \* \*

STRATFORD, ONT.—Miss Doris Graham, who has been assistant superintendent at the General Hospital for the past year, has accepted a position as assistant supervisor in the operating room at the Memorial Hospital, Morristown, New Jersey.

\* \* \*

RED DEER, ALTA.—During the past year, the municipal hospital at Red Deer has been placed on the approved list as a standardized hospital. Many improvements have been effected during 1927 in order to attain this high standard of efficiency.

\* \* \*

COLLINGWOOD, ONT.—The Board of Trustees of the General and Marine Hospital have awarded the contract for the new wing donated by Leighton McCarthy, K.C., of Toronto. The addition will cost approximately \$13,500 and it is hoped that it will be completed in October.

\* \* \*

KENTVILLE, N.S.—Dr. Hector T. Hamon, roentgenologist at the Nova Scotia Sanatorium, has resigned from that institution to accept a position with the Burke Electric and X-Ray Co., Limited, Toronto. He will be resident service representative in the Maritime provinces. Dr. Hamon is succeeded by Dr. Herbert R. Corbett, of Halifax.

\* \* \*

HALIFAX, N.S.—Dr. C. E. Kinley has been appointed to the staff of the Victoria General Hospital at Halifax. Dr. Kinley is a Dalhousie graduate and has spent three years in post-graduate work in the United States, during which time he was resident surgeon at St. Vincent's Hospital at Cleveland, Ohio.

\* \* \*

MIDDLETON, N.S.—The remodelling of the Soldiers' Memorial Hospital at Middleton was scheduled to begin about the first of May. The remodelled building will have a new maternity ward, an X-ray room and improved nurses' quarters.

Miss Eva Cox has tendered her resignation as matron, her duties being assumed by Miss Johns' on, of Blackville, N.S.

\* \* \*

NORTH SYDNEY, N.S.—Plans are being completed for the enlargement of the Hamilton Memorial Hospital at North-Sydney. A new building is to be built on the hill above the present building and connected with it.

The new building will have room for 32 beds, bringing the total accommodation up to 50 beds, the requirement for a standardized hospital. The equipment will include appliances for modern surgical and medical treatment such as is required by the American College of Surgeons.



Portrait—Wm. Nolman & Sons  
DR. J. B. ROSS  
Medical Superintendent and Manager  
Children's Memorial Hospital, Montreal

KINGSTON, ONT.—Announcement has been made that the formal opening of the new nurses' home, which was completed recently, will be held during the same week as the nurses' graduation, about May 12.

\* \* \*

LONDON, ONT.—Two graduates of the Western Ontario University Medical School have been appointed to the staff of the Toronto General Hospital. They are William Johns, of the class of '28, and Dr. Lloyd, B.Sc., who has been doing research work at the Medical School.

\* \* \*

SASKATOON, SASK.—Dr. H. W. Lewis, of Angusville, Manitoba, has been appointed medical superintendent of the City Hospital. He took charge on April 10th.

Dr. Lewis is a graduate of the College of Medicine, University of Manitoba and University of Liverpool. At the present time he is the president of the Manitoba Medical Association and a member of the executive of the Canadian Medical Association.

\* \* \*

BRANDON, MAN.—A new home is to be provided for the nurses of the Brandon General Hospital. Work will be commenced on the building, which will be of brick and tile, and fireproof throughout, this spring. Accommodation for about 110 nurses will be provided in the new home and the cost of construction is estimated at about \$40,000.

Several improvements will be made at the same time to the medical building which will cost about \$20,000.



Miss Lenore Currie, of Saskatoon, has assumed her duties as dietitian at the Moose Jaw General Hospital, succeeding Miss Jean Skene, who has gone to Rochester to take a post-graduate course.

Miss Currie is a graduate of the University of Saskatchewan and also took a special course of training in the Royal Victoria Hospital, Montreal.

#### A Commercial Standard for Clinical Thermometers is Adopted

*Continued from Page 22*

from each other more than 0.15°F. (0.08°C.) a thermometer shall not be rejected for this cause alone, but will be subjected to additional tests for repetition and/or retreat. If the maximum variation is more than 0.2° F. or 0.1°C., the thermometer shall be rejected for failure to repeat readings. Errors in the value of an interval between two adjacent test points shall not exceed 0.3°F. or 0.15°C. Rejection of thermometers for inaccuracy under this heading shall be made on the basis of the nearest 0.1°F. or 0.05°C.

**Aging.**—All thermometers shall be aged for a period of at least four months, aging to begin after completion of the construction.

**Certificate.**—Each thermometer shall be accompanied by a certificate which shall include the following statement: "We, the undersigned manufacturers, hereby certify that our registering clinical thermometer marked No.—, will meet all of the requirements and tests as specified in the United States Department of Commerce, Commercial Standard No. — for Clinical Thermometers."

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**MISCELLANEOUS**—(a) Anesthetist wanted in 65-bed Pennsylvania hospital; one or two operations daily. (b) Operating Room Supervisor wanted in Pennsylvania; 50-bed hospital; \$90 and maintenance. (c) Night Supervisor wanted in 50-bed New England hospital; \$90 and maintenance. (d) Operating Room Nurse, young, with some experience, wanted in 15-bed hospital Southeast; \$100 and maintenance. No. 1779 Aznoe's Central Registry for Nurses, 30 North Michigan Avenue, Chicago.

**MISCELLANEOUS**—(a) Graduate nurse to alternate day and night duty; 50-bed general hospital, no training school; \$80 and maintenance, New Jersey. (b) Night Supervisor, 175-bed, New England hospital. Good salary. (c) Night Obstetrical Supervisor, experienced; \$110 and maintenance. New York City vicinity. No. 1728, Aznoe's Central Registry for Nurses, 30 North Michigan Avenue, Chicago.

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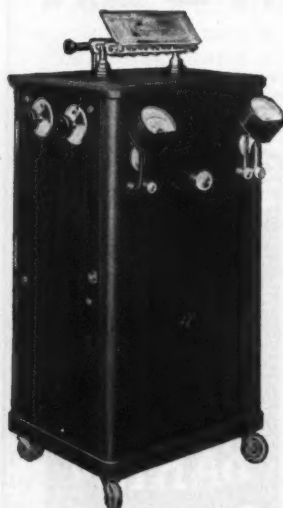
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## Are You Making the Best Use of Your Laundry Equipment?

*Continued from Page 24*

There is a correct speed for every washwheel—a speed where you will get the maximum washing efficiency with the minimum amount of supplies. When your wheel runs under this speed there results not only a decrease in the cleansing action but a tendency to gray the white fabrics. This correct speed is dependent on the diameter of the wheel and the height of the rib. If the rib is worn either it must be replaced or the speed of the wheel increased until this maximum efficiency is obtained. A leaky shell, intake valves, or kickoff valve will change the height of water in the washwheel. Three inches of water on the suds is sufficient for bulk washing, while net washing requires at least five inches in the wheel to give good cleansing action. It is just as difficult to wash clothes clean in too much water as it is in too little water, and any mechanical condition that changes the height of water in the wheel handicaps the production of quality work.

### Use Correct Processes

The second great factor in the proper cleansing of fabrics is the washing process. You have a decided advantage over the commercial laundry in that there is not the great variety of fabrics to be washed. The classifying of the linen should then be a fairly simple matter. The white pieces are classified into separate groups not because of a difference in the method of washing, but rather because of the method of handling. Although sheets and tablecloths are washed in a similar manner, they should be separated so that the ironing and distribution to their respective departments will be done with the least trouble and work. However, the coloured pieces should be separated from the whites, because of the method of washing. The washing of the light colours in with the whites will result in the fading of the colours. Recent tests made on nurses' blue aprons showed that, if they were washed at a temperature above 110 degrees F., there resulted a noticeable fading.

It is not reasonable to expect quality work from machines or formulas where loads are abnormal. Yet, if there is any outstanding error that is common to the majority of laundries to-day it is this tendency to overload the washwheel. There is a maximum load for every machine. You cannot expect quality work if you load your wheels above this point. When you overload a wheel you obtain an uneven wash with a gradual greying of the white pieces. It requires more time to wash the load and also numerous extra rinses to remove all of the soap and builder. In the end you do not save time and your result is an inferior wash. Do not try to make the washman turn out more work than can properly be taken care of in his machine. In discussing briefly the formula or method of washing various fabrics we will dwell mostly on the washing of white fabrics.

### The Break

The break in perhaps one of the most important operations in the entire formula. Unless the wash

is started under the most favourable conditions, difficulties will be encountered in the production of A-1 work. In the break are removed the loose dirt, materials soluble in water such as sugar and starch, egg, blood, and other albuminous material. Since there are present stains which would set if they came in contact with hot water, it is necessary to keep the temperature below that danger point. A temperature of 90 to 100 degrees F. is recommended. Our reasons for recommending the use of warm water instead of cold is twofold. First, we know that the higher the temperature the greater the dirt removal. Second, by using warm water you are warming up the wheel and load, and, therefore, are able to obtain the high temperatures in the suds bath sooner than if cold water were used in the break.

A sufficient amount of soap and builder should be used to give the water a soapy feeling. It is not necessary to work up a good suds, as the dirt that is removed does not require more for its removal than the slight lubricating effect of the small amount of soap that is added. Builder alone in the break will, of course, increase the amount of dirt removed over that removed by water alone. However, the use of builder alone in the break is detrimental in that the accumulative effect results in a yellowish colour. Since the dirt removed in the break is easily removed and in a short time an equilibrium is established between the dirt in the bath and the dirt in the fabrics, it is not necessary to run the break over five minutes.

In washing operating room linen, the break should be repeated until the colour of the water indicates that the albuminous portion of the stain has been removed. On the average, it will be necessary to repeat the break twice. The colouring matter or hemoglobin is later removed in the bleach bath.

### The Suds Baths

The most efficient way to clean is to emulsify the dirt and carry it out without breaking down the emulsion, by means of successive suds baths. When you have a good suds in the wheel you have what is known as an emulsion. By working up a good suds in the bath following the break, a considerable amount of dirt is removed from the clothes by this emulsion. Knowing that the higher the temperature the greater the dirt removal, we, therefore, run in hot water for this bath which will increase the temperature to between 130 and 140 degrees F. The dirt removed in the first suds is a little more difficult to remove than that in the break, therefore, the bath is run for ten minutes. The detergent used in building this and the following suds should be of uniform composition. Whether the soap and builder are used dry on the wheel or in solution they should be built together. It is extremely difficult and dusty to build the powdered soap, but if you want to make certain that you are going to get the best from your supplies it must be done.

A second suds is then brought on at a temperature of 170 to 175 degrees F. and run for fifteen minutes. You note that there is again an increase in temperature and in time. This is necessary, as the dirt present is more difficult to remove.



There is much controversy with regard to the quantity of bleach to be used, the temperature at which it is used, and in what operation the bleach should take place. In the regular multiple-suds formula, the bleach is added in the last or third suds. This is run at a temperature of 170 degrees F. and if at the end of five minutes there is not a good suds on the wheel, more of the soap and builder are added. The entire bleach and suds are run for fifteen minutes.

#### A Bleach Formula

Hundreds of tests have been made in which the quantity of bleach recommended by the Laundry Owners' National Association (two quarts of 1.2 per cent. bleach for every 100 pounds of clothes) has been used as mentioned previously, namely, in the last suds and at 170 degrees F. The depreciation in tensile strength of white cotton fabrics has not been over seven per cent. and in most cases under five per cent. If you will use bleach as recommended by the L.N.A., you will obtain satisfactory results with a minimum loss in tensile strength.

#### Rinse, Sour and Blue

The rinse is a very important operation. Hard water should never be used as it is in the rinse that the deposition of the lime soaps takes place with the resulting discolouration of the fabrics. At least four good hot rinses with from 8 to 10 inches of water in the wheel should be used before souring.

The remaining alkali must be removed by a sour in the next operation. The proper application of a sour is beneficial to good washing. It not only removes any remaining alkali, thus preventing discolouration, but it also removes certain stains and prevents starched goods from turning yellow.

The blue may be applied in the sour bath or in a separate bath. It is advisable where the water is high in alkalinity to blue in the sour bath as the tint of certain blues is affected by alkali. The use of blue in the laundry is perfectly legitimate as long as the laundryman does not use it to cover up poor work. When selecting a blue, make certain that it will wash out in the following wash. Test it to see if its colour is destroyed by bleach.

The multiple-suds formula, which was that explained for white work, may also be followed in the washing of colours, although it is necessary to keep the temperature below 110 degrees F. for the light colours and straight cold water should be used for the fugitives. No bleach or blue should be used.

#### Washing Blankets

The proper washing of woollen blankets is a necessary step in the conservation of those fabrics. Does your washing process produce a blanket that is stiff and harsh, or has the colour been deadened? Are you troubled with shrinkage? If your blankets show ill effects from washing, then you can be certain that they are not being washed properly. For the proper washing will produce an unshrunk, bright, soft, and fluffy blanket. Let me mention a few of the precautions necessary in washing wool blankets.

First, if you do not have special blanket-washing equipment, be sure that a high-water level is used, and that the machine is stopped while the wheel is being drained and is not started until the required amount of water has been run in. Second, use water at a temperature of 100 degrees F. and maintain that temperature from the start of the first suds to the end of the last rinse. Third, use a pure, neutral soap. Fourth, be sure, during the suds operation, that a heavy suds is used. Fifth, when rinsing, allow the wheel to make but four or five turns. Sixth, wash but a few blankets at a time. Seventh, use soft water. If you will take due precaution when washing the blankets, their life will be greatly lengthened.

Perhaps you have wondered why this talk has dealt mainly with washroom practice rather than "The Relation of the Institution Laundry to the Conservation of Hospital Linens." The reason is this: Proper cleansing of the fabric and the conservation of that fabric are inseparable. When linens are properly cleansed, you can be sure that the utmost care is being taken to conserve those linens and obtain maximum usage.

TORONTO, ONT.—Dr. J. A. Dietrich has been appointed to the staff of St. Michael's Hospital in charge of the morning dental clinic. Dr. Dietrich is a graduate of the Royal College of Dental Surgeons, Toronto.

#### The Relationship of the Department of Public Health to Hospitals

*Continued from Page 21*

in the shape of public money, is no enviable task, and an indiscriminate method of assistance is, of course, a menace to initiative and to growth, but it is opposed to the principle of sound economics to make a poor man poorer by causing him to sacrifice

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what few convertible assets he may have in order to pay a hospital account, when by exercising a little discretion, he could be assisted legally in his difficulty.

I think that the onus of proof which is thrown on the hospitals in such cases is scarcely reasonable. We must, in order to prove our point, obtain the most comprehensive history, and when we have completed it and think we have a perfectly clear case, we find that even that does not satisfy, for further investigation is usually instituted through the medium of the Alberta Provincial Police. The psychological effect of a man in uniform at the bedside of a hospital patient can easily be understood, and a chance remark expressing a desire to pay or a willingness to dispose of effects to discharge the obligation may be sufficient to upset our case and throw us back once more into endless disputings and arguments. Now, please understand very clearly I am not necessarily attacking this method. I have nothing but admiration for the investigators employed, who present fine examples of courtesy in their humane approach, but the difficulties which may ensue appear to me a little more than what the hospital authorities should be called upon to entail. In the first bulletin issued by this Association in July, 1926, the following question was asked: "Could an affidavit from the patient relieve the hospital of the onus of proving a hospital patient indigent?"

I think that is a point worthy of serious consideration with a view to bringing into effect a more simplified method of satisfying our friends in the Department of Public Health. But whatever the method in vogue there will be no satisfaction if on the one side we find intolerance and on the other a stolid front to all approaches. The letter of the law is oft-times harsh, and I think in hospital relations we should go a little deeper and exercise the true spirit of service.

Now, in conclusion, I hope that what I have endeavoured to present will not be taken as a wholesale criticism of our respected Department (I use the adjective sincerely). We are all inclined to be Irishmen in our attitude towards the Government. (That is no reflection on the nationality of any of you). I wish to place on record, and I hope I may do so in behalf of this Association, our deep appreciation of the relationship that usually exists. It is a pleasure to realize, with few exceptions, the presence of mutual understanding, and if I am expected to summarize what should be the sum and substance of the relationship of that Department to the hospitals of this province, I would say it should consist not so much in the undue wielding of a supreme authority, but that co-operation in all things affecting hospital life will prove the keynote of success, combined with a realization that they, with us, are engaged in the same sphere of public service and with the same end in view.

PRINCE ALBERT, SASK.—Announcement has been made by the Hon. Dr. J. M. Ulrich, minister of public works, that a new sanatorium will be built at Prince Albert on a site which has been chosen just north of the city.

## FOODS and BEVERAGES

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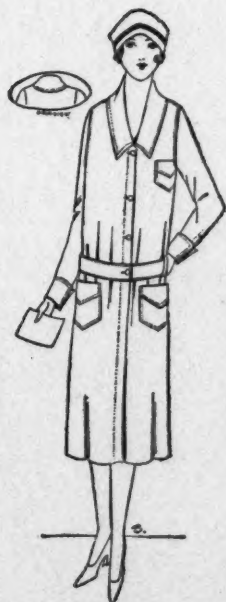


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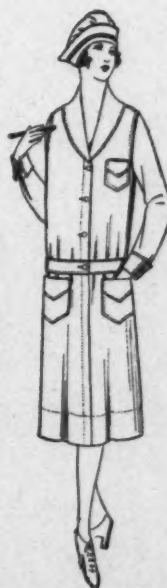
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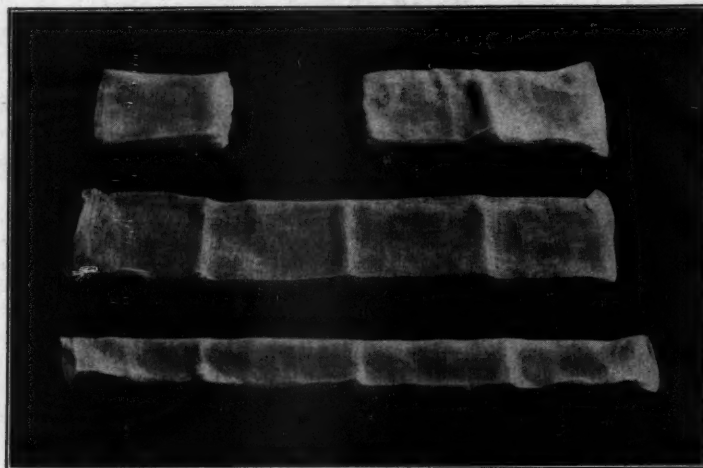
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